

# UNITED STATES CUSTOMS AND BORDER PROTECTION

NAME: JOSEPH E. TRAFLET  
 ADDRESS: 11111 11111 11111 11111  
 CITY: 11111 11111 11111 11111  
 STATE: 11111 11111 11111 11111  
 ZIP: 11111 11111 11111 11111  
 ATTENTION: CUSTOMS NUMBER 11111 11111  
 CORRESPONDENCE MAIL ADDRESS: 11111 11111 11111 11111  
 CUSTOMER NUMBER: 11111 11111 11111 11111  
 TELEPHONE: 11111 11111 11111 11111  
 FAX: 11111 11111 11111 11111

NAME: JOSEPH E. TRAFLET  
 THOMSON MULTIMEDIA LICENSING INC  
 STREET: 11111 11111 11111 11111

CITY: 11111 11111 11111 11111  
 STATE/COUNTRY: NO 11111 11111  
 ZIP: 11111 11111 11111 11111

REQUEST FOR QUOTE FOR THE PURCHASE OF A VIDEO CASE  
 T VIDEOT PROCESSING APPARATUS

TAB TO LAST POSITION/PG. SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 3701

<b>SERIAL NUMBER</b> 09/763,789	<b>FILING DATE</b> 02/26/2001 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2622	<b>ATTORNEY DOCKET NO.</b> RCA 89175	
<b>APPLICANTS</b> David Emery Virag, Indianapolis, IN; Peter Paul Polit, Indianapolis, IN; Thomas Anthony Stahl, Indianapolis, IN;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US99/19688 08/26/1999 WHICH CLAIMS BENEFIT OF 60/097,916 08/26/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged Examiner's Signature _____ Initials _____					
<b>ADDRESS</b> Joseph S Tripoli Thomson Multimedia Licensing Inc PO Box 5312 Princeton, NJ 08540					
<b>TITLE</b> Method for automatically determining the configuration of a multi-input video processing apparatus					
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		